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SM377 250H 01/12/2010

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Michael J. Baldauff, Jr.	Depositor/Name
<i>[Signature]</i>	Signature
4/12/10	Date

APPLICATION NO.	FD.ING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10660951 04/12/2003 Kevin Moore 60046.D0621001 6124

TITLE OF INVENTION: METHOD AND SYSTEM FOR SECURING THE CONTENTS OF DATA STORAGE DEVICES WITHIN A COMPUTER

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DATE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
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nonprovisional YES- NO \$255 \$1510 \$0 \$0 \$255-\$1510 04/12/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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REZA, MOHAMMAD W 2436 713-161000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.305).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB/47, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents or OR, alternatively, Hope Baldauff Hartman, LLC
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

American Megatrends, Inc.

Roscross, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order- # of Copies

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- ☐ A check is enclosed.  
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☐ The Director is hereby authorized to charge the unpaid fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2634, (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*

Date 4/12/10

Typed or printed name Michael J. Baldauff, Jr.

Registration No. 57,998

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